

Practice Accreditation And Improvement Survey

Practice Name: **SYDNEY MEDICAL SERVICES CO-OP LTD**

OFFICE USE ONLY	Org ID	12475
	Survey ID	31921

YOU CAN HELP THIS GENERAL PRACTICE IMPROVE ITS SERVICE

- Your practice would welcome your feedback
- No-one at the practice will be able to identify your personal responses
- If you are filling out this questionnaire on behalf of someone else please give their judgment of their experience if possible
- Please mark the box like this with a ball point pen. If you change your mind just cross out your old response and make your new choice (with a tick in the box)

Please rate the following based on your visit today		Poor	Fair	Good	Very Good	Excellent
1	Your level of satisfaction with making an appointment (e.g. telephoning practice, being dealt with promptly, availability of longer consultation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Opportunity of speaking to a clinician on the telephone when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Opportunity for obtaining a home or other visit when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Level of satisfaction with the after-hours service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Chances of seeing the clinician of your choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Comfort level of consultation and waiting areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Availability of privacy if needed or distressed, including asking my permission if a third party is invited to be present (e.g. medical student, family or staff member)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Length of time waiting to see the clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About the clinician (whom you just saw) e.g. doctor, nurse		Poor	Fair	Good	Very Good	Excellent
9	My overall satisfaction with this visit to the clinician is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	The warmth of the clinician's greeting to me was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	On this visit I would rate the clinician's ability to really listen to me as	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	The clinician's explanations of things to me were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	The extent to which I felt reassured by this clinician was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	My confidence in this clinician's ability is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	The opportunity the clinician gave me to express my concerns or fears was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	The respect shown to me by this clinician was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	The amount of time given to me for this visit was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	This clinician's consideration of my personal situation in deciding a treatment or advising me was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	The clinician's concern for me as a person in this visit was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	The recommendation I would give to my friends about this clinician would be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About the staff		Poor	Fair	Good	Very Good	Excellent
21	The manner in which you are treated by the reception staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Information provided by the practice on fees, payment arrangements and other potential costs e.g. referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	The opportunity for making complaints to this practice about its service and quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finally						
24	The information provided by this practice about how to prevent illness and stay healthy (e.g. alcohol use, health risks of smoking, diet habits, etc) was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	The availability and administration of reminder systems for ongoing health checks is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	The practice's respect of your right to seek a second opinion or alternative medicine was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	My overall satisfaction with this general practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28	How can the clinician and/or practice staff improve their service?

The following questions provide us only with general information about the range of people who have responded to this survey. This information will not be used to identify you and will remain confidential.

Are you:	How old are you in years?	How many times have you visited this practice?	How many years have you been attending this practice?	Do you have any chronic illness or disability that is likely to affect you over a long period of time?
<input type="checkbox"/> Female	<input type="checkbox"/> Under 25	<input type="checkbox"/> Once only	<input type="checkbox"/> Less than two years	<input type="checkbox"/> Yes
<input type="checkbox"/> Male	<input type="checkbox"/> 25 – 59	<input type="checkbox"/> More than once	<input type="checkbox"/> More than two years	<input type="checkbox"/> No
	<input type="checkbox"/> 60+			

Your background: (please answer each of the four questions below)		Is your accommodation: (please tick one box only)	
Do you primarily speak English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Owner-occupied/mortgaged?	<input type="checkbox"/>
Do you speak another language apart from English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rented from a private landlord?	<input type="checkbox"/>
Were you born in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rented from department of housing?	<input type="checkbox"/>
Are you of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other arrangements?	<input type="checkbox"/>

What is the highest level of education you have completed? (please tick one box only)			
Never attended school	<input type="checkbox"/>	TAFE or Trade Certificate or Diploma	<input type="checkbox"/>
Primary school	<input type="checkbox"/>	University or some other Tertiary Institute degree	<input type="checkbox"/>
High school	<input type="checkbox"/>	Other	<input type="checkbox"/>

Thank you for your time and assistance